8641

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08640

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 5 yrs. 6 mons.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Meria (Last) Bradley

4. DATE OF DEATH: (Month) (Day) (Year) September 3 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: March 25, 1865

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wicomico Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Goslee

14. MOTHER'S MAIDEN NAME: Sarah Ellen Leatherbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Lambertine C. Bradley, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

IMMEDIATE CAUSE (A) GENERAL ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH 10 YRS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 JAN, 1953 to 3 SEPT, 1955 that I last saw the deceased alive on 3 SEPT, 1955 and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE Walter E. Hurley M.D. ADDRESS Cambridge, Maryland DATE SIGNED Sept. 5, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Sept. 7, 1955 — NAME OF CEMETERY OR CREMATORY Siloam Methodist Cemetery — LOCATION (City, town, or county) (State) Near Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 7, 1955 — REGISTRAR'S SIGNATURE John Paul Pratt

24. FUNERAL DIRECTOR J.J. Frampton and Son — ADDRESS Federalsburg, Md.

8659

08647 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN (Rural) Cambridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) A (Last) CHESTER

4. DATE OF DEATH (Month) Sept (Day) 8, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1903

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Farrare

14. MOTHER'S MAIDEN NAME: Harriett Askins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----- (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: 161-07-9538

17. INFORMANT & ADDRESS: Goldia Wilson, Grasonville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Morse Jr. M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/9/1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 9/11/1955 | NAME OF CEMETERY OR CREMATORY Cordtown Cemetery | LOCATION (City, town, or county) (State) Dorchester County, Md.

DATE REC'D BY LOCAL REG. Sept 9, 1955 | REGISTRAR'S SIGNATURE John Shaw M. D. | **24. FUNERAL DIRECTOR** ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

VS. A15A - 5 - 53

8642

09706
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cambridge (Rural)
STREET ADDRESS (If rural, give location): RFD # 1

3. NAME OF DECEASED: (Type or Print) (First) THELMA (Middle) P. (Last) DAYTON

4. DATE OF DEATH: (Month) SEPT (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	12-16-1917	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Charles W. Pilchard

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	none	Mr. Raymond C. Dayton: Cambridge RFD#1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Viral encephalomeningitis & oedema of the brain	6 hrs ?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: advanced arteriosclerosis & Coronary thrombosis ?

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Eldridge H. Leffler M.D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ — DATE SIGNED 10-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-22-1955	Dorchester Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 22, 1955	John V. Lane M. D.	LeCompte Funeral Service	Cambridge, Maryland

8643

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08648

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock – Rural X
STREET ADDRESS (If rural give location) / Railroad Hill

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Marie (Last) Dobson

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: February 10, 1912

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham A. Farrare

14. MOTHER'S MAIDEN NAME: Josephine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 199-03-9443

17. INFORMANT & ADDRESS: John W. Dobson, Hurlock, Md., R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4442X IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardiovascular Disease DUE TO

(C) Renal Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955 to Sept. 25, 1955 that I last saw the deceased alive on Sept. 25, 1955 and that death occurred at 7:10 PM, from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett ADDRESS J. EDWIN FASSETT, M.D.-227 Pine St-Camb., Md- DATE SIGNED 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 28, 1955

NAME OF CEMETERY OR CREMATORY East New Market Cemetery

LOCATION (City, town, or county) (State) East New Market, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 28, 1955

REGISTRAR'S SIGNATURE John Thos. Mace M. D.

24. FUNERAL DIRECTOR ADDRESS J.J. Frampton and S on, Federalsburg, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8644

CERTIFICATE OF DEATH

Reg. Dist. No. 116 08649

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) Washington Street 1

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) FOWLER

4. DATE OF DEATH: (Month) SEPT (Day) 15 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-21-1890
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. Asbury Snelling
14. MOTHER'S MAIDEN NAME: Annie R. Bosman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Mr. Joseph S. Fowler: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 5 min.
ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis Generalized — Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO
(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — Years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-55, 19..., to 9-15, 19..., that I last saw the deceased alive on 9-15, 19..., and that death occurred at 0:15 P M, from the causes and on the date stated above.
SIGNATURE Eldridge Kroll M.D. ADDRESS Cambridge Md. DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-18-1955
NAME OF CEMETERY OR CREMATORY Dorchester MemorialPark
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 18, 1955
REGISTRAR'S SIGNATURE Ford Shaw M.D.
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08650

8645

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 27 Cambridge Md Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 208 Washington St

3. NAME OF DECEASED: (Type or Print) (First) Pauline (Middle) N. (Last) Garrison

4. DATE OF DEATH: (Month) 9 (Day) 10 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: June 22, 1928
9. AGE last birthday: 27 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Accomac Co., Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Horace Garrison
14. MOTHER'S MAIDEN NAME: Sallie Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 208 Wash., St Mrs. Sallie Garrison-Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

684.4 IMMEDIATE CAUSE (A) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 8hrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Childbirth — full term
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1955 to Sept 10, 1955 that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 12 PM, from the causes and on the date stated above.
SIGNATURE J. Edwin Fassett, M.D. ADDRESS 227 Pine St-Camb., Md. DATE SIGNED 9-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-15-55
NAME OF CEMETERY OR CREMATORY: Waugh Cemetery
LOCATION (City, town, or county) (State): Cambridge-Dor- Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 15, 1955
REGISTRAR'S SIGNATURE: [illegible], M.D.
24. FUNERAL DIRECTOR: H.M. StClair, Jr.-Camb., Md. ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8546

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08651 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) New Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elliotts
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (Type or Print) (First) Ira (Middle) Edwin (Last) Gray

4. DATE OF DEATH (Month) 9/ (Day) 14/ (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Mar 22, 1[illegible]	5[illegible] yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman	Own boat	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Davie Gray	Deltha Ann --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Phyllis H. Gray - wife Elliotts, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	5 Min.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/17/55	Elliotts Cemetery	Elliotts, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 19 1955	[signature]	Ruth S. Willoughby [illegible] New Market, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08652

8669

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X rural Cambridge
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galestown X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) LELAND (Last) HASTINGS
4. DATE OF DEATH (Month) Sept. (Day) 14 (Year) 1955
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single
8. DATE OF BIRTH: 3/24/14
9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Walter E. Hastings
14. MOTHER'S MAIDEN NAME: Katie Oliphant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 082X (A) Chronic Epidemic Encephalitis

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15..., 1952, to 9/14..., 1955, that I last saw the deceased alive on Sept. 14, 19 55 and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE Thomas J. Pendergast ADDRESS M.D. U.S.P.H.S. Cambridge, Md. DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-16-55
NAME OF CEMETERY OR CREMATORY Galestown
LOCATION (City, town, or county) Galestown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 16, 1955
REGISTRAR'S SIGNATURE John L. Grason, M.D.
24. FUNERAL DIRECTOR Paul J. Smith ADDRESS Hurlock, Md.

8661

08653
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 15 Yo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Avalon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)	
Ernest A. Jenkins		19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married	2-5-17	0 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Fisherman	Canal	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Ernest Jenkins	Charlotte ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO:	17. INFORMANT & ADDRESS:
No.		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	3 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture tibia — 8 wks.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY	21c. (City or town) (County) (State)
		Cambridge Dorch. Co. Md.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
8-1-1955 1PM.		Fell out of bed.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9-25-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 29, '55	Tilghman Cemetery	Talbot Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Sept. 26, 1955	Wm. V. Hall, R. D.	Hampton Harrison St. Michaels

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08654

8662

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge (Rural)
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) RFD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) X
STREET ADDRESS (If rural give location) RFD # 2

3. NAME OF DECEASED: (Type or Print) (First) AUGUST (Middle) FREDERICK (Last) KNAUER

4. DATE OF DEATH: (Month) SEPT (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8-11-1866

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Grunbach, Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Knauer

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Junknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Margaret F. Knauer: Cambridge RD 2 Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion	30 min
ANTECEDENT CAUSE (S):	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	10 yrs
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Eremia	2 wks

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Sept 9, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE J W Bowman M. D. ADDRESS Cambridge Md. DATE SIGNED 9-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-12-1955

NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: Sept. 12 1955

REGISTRAR'S SIGNATURE: John Thaw, Jr. M. D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

8647

08655

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kendall	Francis	Maddox	Sept. 6, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7/2/1897	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Own Shop	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Thomas Maddox	Evelyn Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Flossie Maddox, wife Vienna, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature] M.D.	Deputy Medical Examiner	Camb. Md.	9/ '55

BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/9/55	Dor. Memorial	Cambridge Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 9, 1955	[signature]	Ruth L. Fillow [illegible]	East New Market, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

8648

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08657

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside limits, write RURAL and give nearest town) 19 Cambridge
LENGTH OF STAY (in this place) 8 mons
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Muse Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wingate X
STREET ADDRESS (If rural give location) P.O. /

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) T (Last) MOORE

4. DATE OF DEATH: (Month) SEPT (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6-4-1872

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10B. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Moore

14. MOTHER'S MAIDEN NAME: Priscilla Woodland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Oval Moore: Toddville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
190X IMMEDIATE CAUSE	(A) Metastatic adelenotic	
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Melanoma (Hip)	10 months
	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 19[illegible] to 9/1, 1955, that I last saw the deceased alive on 9/1, 1955, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Cambridge, Md. DATE SIGNED 9/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: 9-4-1955 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: Sept 4, 1955 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09716

8649

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Md. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) Cross Street

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) PERRY

4. DATE OF DEATH (Month) Sept. (Day) 14, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 14, 1955

9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours Few | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Perry

14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----
(If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Thomas Perry, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 776X

(A) DUE TO: Prematurity.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs. 20 min.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14-, 1955 to 9-14-, 1955, that I last saw the deceased alive on 9-14-, 1955, and that death occurred at 8:00 immediately following birth M., from the causes and on the date stated above.

SIGNATURE Albert E. Dunbar M.D. ADDRESS Cambridge-Maryland DATE SIGNED 9-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/15/1955

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland.

DATE REC'D BY LOCAL REGISTRAR: Sept. 20, 1955

REGISTRAR'S SIGNATURE: Vera Quade Reg. D.

24. FUNERAL DIRECTOR ADDRESS: Herbert M.St.Clair,Jr.,Cambridge,Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08658

8650

CERTIFICATE OF DEATH

Reg. Dist. No. 11.6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 67 Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) RFD # 2

3. NAME OF DECEASED: (Type or Print) (First) CARL (Middle) AXEL R. (Last) PETERSON

4. DATE OF DEATH: (Month) SEPT (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 5-2-1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Own General Farm

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Johann B. Peterson

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 301-10-7520

17. INFORMANT & ADDRESS. Mrs. Ellen P. Mc Lane: Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4.20.1 (A) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (B): (B) DUE TO Arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. [illegible] — 5 hrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20, 19[illegible] to 9/20, 19[illegible], that I last saw the deceased alive on 9/20, 19[illegible], and that death occurred at M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Cambridge, Md. DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-23-1955

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 23, 1955

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08661

8651

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cambridge (Rural)
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #2 Cambridge, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge (Rural) X
STREET ADDRESS (If rural give location) R.F.D. #2 Cambridge, Md

3. NAME OF DECEASED: (First) WILLIAM (Middle) (Last) RIDEOUT

4. DATE OF DEATH: (Month) Sept (Day) 27, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept 1, 1886

9. AGE last birthday 69 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Rideout

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Rideout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ------- (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Florence Pinder, RFD 2, Cambridge, Md

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, , 1955 to Sept. 27, 1955 that I last saw the deceased alive on Sept. 27, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. EDWIN FASSETT, M.D. ADDRESS 227 Pine St-Camb., Md. DATE SIGNED 28 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/30/1955

NAME OF CEMETERY OR CREMATORY Salem Cemetery

LOCATION (City, town, or county) (State) Salem, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 28, 55

REGISTRAR'S SIGNATURE Alex Tawes, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08662

8652

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) 24 Center Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 24 Center Street

3. NAME OF DECEASED: (Type or Print) Frank (First) John (Middle) Roberts (Last)

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 5, 1905

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Junk

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Roberts

14. MOTHER'S MAIDEN NAME: Millie James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. 214-07-8087

17. INFORMANT & ADDRESS: Sarah Roberts, Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
DUE TO

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1955 to Sept. 21, 1955, that I last saw the deceased alive on Sept. 21, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. EDWIN FASSETT, M. D. ADDRESS 227 Pine St-Camb., Md. DATE SIGNED 9-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/25/1955
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 24, 1955
REGISTRAR'S SIGNATURE Thos. Isaac, M. D.
24. FUNERAL DIRECTOR ADDRESS Herbert M.St.Clair,Jr.,Cambridge,Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8653

CERTIFICATE OF DEATH

Reg. Dist. No. 08663

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 317 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 317 High Street

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Nixon (Last) St.Clair

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 17, 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 9 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home Making

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Nixon

14. MOTHER'S MAIDEN NAME: Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ——— (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Florence St. Clair, Salisbury, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Cerebral Hemorrhage

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epileptiform Seizures

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 1953 to Sept..., 19.55 that I last saw the deceased alive on Sept.15, 1955, and that death occurred at 4:00 M, from the causes and on the date stated above.

SIGNATURE J.Edwin Fassett M.D. ADDRESS 227 Pine St., Camb., Md. DATE SIGNED 9-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/18/1955

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: Sept 18 1955

REGISTRAR'S SIGNATURE: John Shaw, M.D.

24. FUNERAL DIRECTOR: Herbert M. St. Clair, Jr., ADDRESS: Cambridge Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8654

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 08664

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 311 Maryland Ave.

3. NAME OF DECEASED: (Type or Print) (First) Irving (Middle) Francis (Last) Shepherd

4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1901

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Insurance

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Shepherd

14. MOTHER'S MAIDEN NAME: Emma Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 214-10-2517

17. INFORMANT & ADDRESS: Maryland Wynne Mrs. Sara Shepherd Cambri e, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occulusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED Sept. 7 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Sept. 9, 1955 — NAME OF CEMETERY OR CREMATORY Cambridge Cemetery — LOCATION (City, town, or county) (State) Cambridge, Md.

DATE RECD BY LOCAL REG. Sept. 7 1955 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR — ADDRESS Kenneth R. Thomas. Cambridge, Md.

8663

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 R 08665

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 116

1. PLACE OF DEATH:

COUNTY Dorchester MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge

LENGTH OF STAY (In this place) 1 month

HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Dorchester

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cambridge

STREET ADDRESS (If rural, give location) Maryland Ave.ext. 13

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Russell	Phillips	Smith	Sept.15,1955 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug.14,1877	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Register of Wills		Cambridge,R.D.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward P.Smith	Mary E.Cantville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no no	none	Mrs.Lelia B.Smith,Cambridge,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Neck R. Femur

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☑ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home	21c. (City or town) (County) (State) Cambridge, Dorchester, Maryland
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7/23/55; 1:00P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Slipped and fell on floor.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John Mace Jr. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED Sept. 16, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept.17,1955	East New Market Cemetery	East New Market,Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 16/1955	Ida Grace M.D.	Kenneth R.Thomas,Cambridge,Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08666

8655

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) entire life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Race St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 403 Race St.

3. NAME OF DECEASED: (Type or Print) (First) Ruth (Middle) Hastings (Last) Smith

4. DATE OF DEATH: (Month) (Day) (Year) Sep. 5, 1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 14, 1896

9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cambridge

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George A. Hastings

14. MOTHER'S MAIDEN NAME: Nellie Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS 403 Race St. Geo. O. Smith. Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 X IMMEDIATE CAUSE (A) Carcinomatosis, abdominal — 1 yr. (?)

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Possible carcinoma of ovary — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: June 15, 1955

19B. MAJOR FINDINGS OF OPERATION Abdominal carcinomatosis

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1955 to Sept. 5, 1955, that I last saw the deceased alive on Sept. 5, 1955, and that death occurred at 12.45 M, from the causes and on the date stated above.

SIGNATURE Lewis M. Burdette M.D. ADDRESS Cambridge, Md. DATE SIGNED Sept 6, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 7, 1955

NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park

LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR 9-6-1955

REGISTRAR'S SIGNATURE John Thos. Whe D...

24. FUNERAL DIRECTOR Kenneth R. Thomas, Cambridge, Md. ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

8656

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08667

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) since 5/20/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillsboro
STREET ADDRESS (If rural give location) Box 28

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Heath (Last) States

4. DATE OF DEATH: (Month) Sept. (Day) 4 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 3, 1872
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Heath
14. MOTHER'S MAIDEN NAME: Dora Elizabeth Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: E.S.S.H. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
422.1 IMMEDIATE CAUSE	(A)	Chronic Myocarditis	several years
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B)	Generalized Arteriosclerosis	several years
	DUE TO (C)	Senility	several years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Senile Psychosis	about 4 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ☐ WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1954, to 9/4, 1955, that I last saw the deceased alive on 9/4, 1955, and that death occurred at 11:25A.M., from the causes and on the date stated above.

SIGNATURE Robert H. Reddick M.D. ADDRESS Cambridge, Md. DATE SIGNED Sept. 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 7, 1955
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) (State) Hillsboro, Md.

DATE REC'D BY LOCAL REGISTRAR 9-7-55
REGISTRAR'S SIGNATURE John [illegible], M. D.
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09723

8657

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place) 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Willis St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural give location) 103 Willis St.,

3. NAME OF DECEASED: (Type or Print) (First) BIRDIE (Middle) R. (Last) TODD

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 11/3/1889

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10B. KIND OF BUSINESS OR INDUSTRY: General mercantile

11. BIRTHPLACE (State or foreign country): Bishops Head, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Todd

14. MOTHER'S MAIDEN NAME: Sarah Powley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214 07 7379

17. INFORMANT & ADDRESS: Mrs. Millicent Jones Todd 103 Willis St., Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

IMMEDIATE CAUSE (A) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 5-20-55

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic fever — 50 yrs 9 mo

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 19 55, to 9/25, 19 55, that I last saw the deceased alive on 9/25, 19 55, and that death occurred at 11 A. M, from the causes and on the date stated above.

SIGNATURE M. D. Cooks M. D. ADDRESS Cambridge Md. DATE SIGNED 9/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/27/55 — NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park — LOCATION (City, town, or county) (State) Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 27 1955 — REGISTRAR'S SIGNATURE John F Lane M. D.

24. FUNERAL DIRECTOR ADDRESS Le Compte Funeral Service, Cambridge, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08668

8658

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 13 Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 457 High St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 13
STREET ADDRESS (If rural give location) 457 High St

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Ward

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: Oct. 12, 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months 11 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Food Packing
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Ward
14. MOTHER'S MAIDEN NAME: Emily Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-6883
17. INFORMANT & ADDRESS: Elizabeth Stafford: Cambridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) Cerebral Hemorrhage
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept 14, 1955, that I last saw the deceased alive on Sept. 14, 1955, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. EDWIN FASSETT, M.D. ADDRESS 227 Pine St-Cambridge, Md. DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/18/1955
NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 19, 1955
REGISTRAR'S SIGNATURE: John Shall M. D.
24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr., Cambridge, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.